

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90071 050 ***150.00

DOCUMENT # J90626

1. Entity Name

POOL CARE SPECIALISTS, INC.

Principal Place of Business

Mailing Address

**190 CARISSA DR.
 SATELLITE BEACH FL 32937**

**190 CARISSA DR.
 SATELLITE BEACH FL 32937-3303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2851117

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROUCH, PETER C.
 190 CARISSA DR.
 SATELLITE BEACH FL 32937**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	CROUCH, PETER C.	
STREET ADDRESS	190 CARISSA DR.	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENSI, PETER R	
STREET ADDRESS	1448 HERO ST	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROUCH, SUR B	
STREET ADDRESS	190 CARISSA DR	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-00 321 777 7101

CR2E034 (9/99)